

ALCOHOLIC BEVERAGE APPLICATION
INDIAN ROCK BEACH CODE OF ORDINANCES

CHAPTER 6
ALCOHOLIC BEVERAGES



PLANNING AND ZONING DEPARTMENT

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City Clerk
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CITY OF INDIAN ROCKS BEACH

www.indian-rocks-beach.com

There is a link to the Indian Rocks Beach Code of Ordinances at the website noted above.

(This form was revised February 2014 and replaces and supersedes all previous application forms)

PRIOR TO RECEIVING AN ALCOHOLIC BEVERAGE LICENSE AND OPENING FOR BUSINESS, A NEW OWNER MUST PROVIDE THE FOLLOWING INFORMATION TO BE CONSIDERED AND APPROVED BY THE CITY OF INDIAN ROCKS BEACH CITY COMMISSION:

- **Apply to the State of Florida for an alcoholic beverage license**
- **Prior to the serving of any alcoholic beverage under the new owner's name, you must provide:**
 - a) A current survey of the property.
 - b) State of Florida Alcoholic Beverage Application must be submitted at the same time as this application.
 - c) An Indian Rocks Beach Alcoholic Beverage Designation Application with complete information.

FEES:

There is a \$250 application fee for alcoholic beverage use designation. Also, the applicant shall pay the advertising and notification costs of the public hearing. A deposit of \$100.00 for advertising fees shall be required at the time the petition is submitted. If the costs of advertising and notification are less than \$100.00, the difference will be refunded to the applicant. If the actual costs are greater than \$100.00, the difference shall be paid by the applicant within 30 days after final action. When legal counsel and/or a consultant are required by the city, actual cost of legal and consulting fees shall be paid by the applicant within 30 days after final action.

NOTE: Advertising includes the cost of running ads in the newspaper. Notification costs include the cost of postage for each letter mailed to surrounding property owners in advance of the hearing before the City Commission.

In signing this application the applicant is responsible for these fees regardless of whether the application is approved or disapproved by the City Commission.

If approved by the City Commission, the applicant may have the State application signed by the City Clerk at City Hall.

ALCOHOLIC BEVERAGE DESIGNATION APPLICATION

Date: _____

Name of Applicant: _____

Address: _____

Telephone No. _____

Establishment Name _____

Address _____

Telephone No. _____

LEGAL DESCRIPTION:

Drivers License # _____ **Date of Birth** _____

BEVERAGE DESIGNATION REQUESTED _____ **Floor Area** _____

Seating: Interior # _____ **Exterior #** _____ **Parking Spaces #** _____

The applicant will provide:

- √ **Current Survey of the Property**
 - √ **Notarized Statement (attached)**
- from property owner, if not owned by applicant.*

The City will provide:

- √ **Map of Area showing Distance Requirements**
(if applicable) prepared by the Code Enforcement Officer.
- √ **Background Check**
provided by the Pinellas County Sheriff's Office.

Distance Requirements:

CHURCH: _____

YOUTH RECREATION AREA: _____

SCHOOL: _____

Closest Alcoholic Beverage Establishment(s) _____

(Exception to Distance Requirement: Restaurants applying for a 1-COPR and 2-COPR Alcoholic Beverage Designation)

AFFIDAVIT

I, _____, hereby swear and affirm that the above
(Applicant)
information is true and correct.

Affiant

STATE OF FLORIDA
COUNTY OF PINELLAS

SWORN TO AND SUBSCRIBED before me on this ____ day of _____, 201__ by _____ (Applicant), who is personally known to me/or who produced _____ as identification, and who acknowledged that he/she did execute the foregoing Affidavit and who did/did not take an oath.

Notary Public

[Seal]

My Commission expires: